ORIGINAL COMMUNICATIONS

ISSUES AND ATTITUDES CONCERNING COMBAT-EXPERIENCED BLACK VIETNAM VETERANS

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The therapist, whether black, white, or a member of any other ethnic group, must improve his or her objectivity and empathic accessibility by becoming knowledgeable about a minority subculture. The goal is to assist the black veteran to come to some resolution with an imperfect society and to become a legitimate, productive, contributing citizen, who happens to live in a hostile environment.

Treatment of combat-experienced Vietnam veterans poses challenges, opportunities, and pitfalls for the therapist. For the black veteran, the therapist's appreciation of historical nuances, and understanding of the psychodynamics of sociocultural pressures, as well as combat and post-combat experiences are essential. In treating patients, the therapist should minimize counter-transference problems, such as overidentification, overcompensation, overinclusion, aggression, hostility, and fear.

DIAGNOSTIC ISSUES

One should be cautious of the implication of "validity" given to statistical findings that "mental disease is more prevalent among blacks than whites," and special caution is indicated against making comparisons between whites and blacks on data collected from different geographical areas of the United States. The number of variables determining psychiatric morbidity and hospitalization is too numerous for adequate interpretation without rigid controls.[1-4]

For years, sensitive researchers have pleaded for revisions of personality inventory tests and "standardized" IQ tests to include sociocultural variables that are germane to ethnology.[3] Frequently, the desired outcome, or intended disposition, heavily influenced the diagnosis; or, the referral information, by omission or commission, tended to influence the desired outcome. What is the presenting complaint? Is this a matter of personal suffering or the suffering of command? As sociocultural distance between the clinician and client increases, then diagnoses become less accurate and dispositions more nonspecific. In civilian life less-valued diagnoses are frequently given to black patients, and parenthetically less-valued treatments or treatment plans are given.[1,4,5]

The question of whether a black soldier fits the military mold, or whether culturally normal behavior is the "military way," is crucial to the understanding of diagnosis, disposition, and treatment requirements. The first crossroad for the soldier is whether he will be a "victim or survivor." In many cases the unit's perception of the black soldier's attitude is the crucial determinant of his acceptance and treatment by his unit. If his attitude is perceived as indifferent to various slights or disparities in opportunities, or as "less antiauthoritarian" with accompanying conformist behavior, then the black soldier "makes it in the unit."[6-8] Thus was the dilemma of the black career soldier in the 1960s.

In contrast, many black draftees' attitudes and demeanors made white, noncommissioned officers and career officers uncomfortable with black militancy. Black soldiers representing the "now generation," who were more militant against racial

injustice, were less patient with "evolutionary" changes in the military regarding race relations and equal opportunity.[6-9] They brought with them the newly acquired "black pride" and civil disobedience strategies. Some did resort to violent behaviors or flagrant insubordination. They were immediately given nonjudicial punishment or were court-martialed. Local and hidden tactics also were attempted to "break" their spirit or bring them in line. The Uniform Code of Military Justice, while lofty in intention, was interpreted and administered on a parallel with the civilian criminal justice system.[3,10,11] The Code, in the hands of the white authority, did not always consider mitigating circumstances in a black soldier's reaction to disenfranchisement to specific duty assignment (advancement, living and recreational conditions, training, opportunities to command, danger). Many white career officers and noncommissioned officers came from backgrounds that fostered negative attitudes and behavior toward blacks. There were many adaptive strategies used by black soldiers to reduce feelings of denigration: greeting each other with the clinched fist (black power symbol), the "DAP handshake," Afro hair styles, soul music, the salutation of "blood"—all of which made whites in authority uncomfortable.[6-8,12]

In the clinical setting, objections of white patients are frequently interpreted as "resistance," and this is dealt with in the course of treatment. Note here, the patient remains in therapy. A black patient's objection is frequently interpreted as "hostility" or "poor motivation," and punitive consequences (no treatment) follow.[4] The diagnosis and treatment of posttraumatic stress disorder in black veterans[13] is frequently hindered by the tendency to misdiagnose blacks on the basis of behavioral manifestations, eg, alcoholism,[4,14] or drug addiction, or sociopathic personality disorder. Blacks sometimes assume a "black mask" of blunted affect in anticipation of frustration in dealing with whites.[15-18]

THE BLACK EXPERIENCE: HISTORICAL OVERVIEW

In Vietnam blacks and whites murdered each other.[6-9,19] Many racial incidents and riots were settled during combat patrols and missions.

"Fragging" incidents (involving parties of the same race, different race, lower ranks against higher ranks in authority) were of major concern. Often the attitudinal response was similar to what happens in street crimes in the United States.[10,16,20-22] Violence and murder among blacks got the least attention, white on black more attention, and black on white the most attention, for obvious reasons. How disillusioning it must have been for blacks to have fought diligently alongside white soldiers while being subjected to racism within the unit! Yet, there were many instances of whites and blacks putting their lives on the line for each other.

What is the "black experience" at its worst, prior to combat, that sensitizes a black soldier to the accusation that he, too, is a "killer of women and children, a destroyer of homes, a destroyer of food, and a participant in extremely brutal beatings and mutilations"—and especially against disadvantaged people "of color"? The black experience may have been imprinted by oral history from older family members or from those who may have actually lived through the experiences.

Slave acquisitions allowed blacks to assist whites in capturing more slaves because of tribal differences and rivalries.[23,24] In Vietnam black soldiers helped to round up villagers or capture Vietcong for interrogation and perhaps later to be murdered or held prisoner, which can be seen as equating prisoner with slave with captive.

Conditions aboard slave ships enroute from Africa to the United States included chains, poor sanitation, poor food, dirty water, no privacy, beatings and other forms of dehumanization that were the fate of all, including women and children. The mortality rate frequently exceeded 65 percent.[23,24] Where was the American standard that "women and children are special" or should have special consideration when it comes to violence and brutality? Slave conditions often were worse than the worst prisoner of war camps operated by the Germans or Japanese in World War II. Conditions in selected plantations within a state, or at the hands of certain slaveowners or masters, included the separation of family members (sold separately); sexual abuse of black women by the white masters, and this behavior was tolerated by their white wives (Where was the rape counseling?); forced breeding; brutal beatings; murders, intimidation; malnutrition; poor sanitation; and slave labor.[23,24]

This country for many years kept "miscegenation" statutes on the lawbooks, but when one looks at the lighter shades of blacks, the question becomes, what percentage of these American "coloreds" had black fathers and white mothers? Certainly black male slaves could not protect their women! Interestingly, there has never been consideration in the United States of a "black holocaust," and delayed stress or posttraumatic stress disorder has never been acknowledged to have occurred in black slave victims. Trauma is in the eye of the beholder.

After the emancipation of blacks, there were continued examples of intimidations and brutality at the hands of the "night riders" and the Ku Klux Klan, who killed, raped, maimed, and mutilated blacks and burned their homes.[23,24] Black men who were accused of having sexual relationships with white women, whether by force or by mutual consent, were often castrated, tortured, hanged, or burned alive. Atrocities were not discovered or refined in Vietnam, as this had already been a part of the American scene. H. Rap Brown commented in the 1960s that "Violence is as American as apple pie."

In recent years blacks have bitterly complained of police brutality—a form of institutionalized violence that was ignored essentially by whites in authority.[10,16,23,25-27] Blacks have never been given "equal protection under the law," especially by traditional American institutions such as police, FBI, Department of Justice, or the courts. Black churches and homes were bombed, children were killed, and black leaders were assassinated. Whites coming to the South to assist in voter registration efforts and peaceful desegregation activities were murdered. Did it really require a Kent State incident to awaken the American conscience to the fact of institutionalized violence? Blacks who attempted to protest against segregation and to exercise their rights written in the Constitution (guarantees notwithstanding) were subjected to beatings by police or by white onlookers, being hosed with water cannons, being bitten by vicious police dogs, subjected to electrical shocks with "cattle prods," and being trampled by police who were riding horses. Many of these attacks were nationally televised.[26,28] Where was the American conscience? Was this America at her best? Why were black soldiers fighting in Vietnam when the real war was here in the United States?

Many blacks were torn between the nonviolent teachings of Martin Luther King and the pro-active violent suggestions of Malcolm X.[25,28-31] What would have been the future of this country if black soldiers had refused to fight in Vietnam for America and had taken instead a "constructive engagement" posture similar to our President's in South Africa?

SPECIFICS OF BLACKS IN COMBAT

A disproportionate number of blacks and others from lower socioeconomic groups, including whites, were drafted, trained, sent to Vietnam, and assigned to combat roles—sometimes regardless of military occupational specialty or special skills index.[7,9,12,14,32] Blacks engaging in intimidative behaviors of a racial nature to whites were placed more frequently in dangerous assignments. Is this a type of reverse fragging? It appears that racial conflict was "contained" until 1968, but following the demoralizing effects of the unexpected Tet offensive and the assassination of Dr. Martin Luther King, morale sagged in both black and white soldiers.[7,9,12]

MILITARY PSYCHIATRY

The role of the military mental health professional is strictly advisory to command. If certain administrative proceedings are anticipated, the mental health professional's role is basically to establish whether the soldier is responsible for his actions and whether his disposition should be through administrative or medical regulations and proceedings. Of the administrative proceedings, most dispositions are for unfitness (where the burden of proof is on command) or unsuitability (burden is on the mental health professional). If psychiatric clearance is granted, command has the authority to separate the soldier, resulting in an honorable discharge (unsuitable) or a dishonorable discharge (occasionally for unfitness).

Often one has to work at elucidating the dynamics of the referral, ie, determining the unit's willingness to be involved by additional phone calls or personal visits. Certainly conflicts of interest and conflicts of conscience do arise in mental health staff. The referred soldier could be guided to legal counsel, to the Inspector General, or to his congressman, but not without the risk of adverse con-

sequences: to the soldier, if he is not too intelligent or tends to be impulsive, or to the mental health professional's relationship with command. Only by training, experience, and commitment can one learn to minimize the possibility of an adversarial relationship with command, and this requires a departure from the traditional social-military role in establishment of trust, fostering of education, and other preventive mental health principles.

Certain administrative discharges for unfitness carry the stigma of misconduct (shirking duty, drug addiction, resentment of authority). A dishonorable discharge or "bad papers discharge," as it is unfondly referred to, carries longstanding consequences. Many blacks were unemployed prior to the military, may have come into the miliary for economic or patriotic motives, or were drafted.[7-9,32] If they were drafted unfairly and against their will, and resisted unfair treatment in the military, "bad papers" blocked GI benefits, denied restoration of jobs previously held, denied access to Veterans Administration (VA) benefits (even if exposed to toxic substances that truly have longstanding consequences), denied burial in a national cemetery, etc. Is this victimization as a product of military institutional disenfranchisement?

The danger of institutionalized discriminator attitudes and stereotypes by treating professionals cannot be overemphasized, as this too may result in economic consequences. The narrative history in compensation-pension matters does have an effect on rating boards. If the evaluator and the person being evaluated have shared values and experiences, then the written document is of higher quality and has more meaning to a rating board. Also, there is a problem mitigating against full access to treatment and evaluation of the returned combat Vietnam veteran, black or white, in the VA health care delivery system, which is increasingly staffed by mental health professionals from other ethnic backgrounds, especially Asians. There is a "gook-identification" syndrome in these veterans,[33] and the VA needs to facilitate the positive interactive process in both client and therapists, eg, through regional medical education programs.[34]

A trained and experienced black Vietnam veteran could be viewed as a possible menace to the white American society, especially if there were some semblance of organization or rallying around

a specific cause. Is he an "endangered species," ie, can he be controlled by alcohol or drugs?[35] Can he be driven to despair resulting in suicide or homicide, or can he be taken out of circulation through the criminal justice system for crimes associated with supporting a major drug addiction or a crime of violence?[14,36-39]

Racism and oppression are the primary causes of high homicide rates among black men.[3,17,20,21] Certain conditions within the society—economic, social, and cultural—seem to heighten the tendency of blacks to lash out at each other. Black men have been physically violent toward their women over the years. Where were the shelters and counseling programs for black women? The same phenomenon is increasing in white Vietnam veterans. In an issue of *Ebony* magazine,[20] 5,734 deaths resulting from black-on-black homicide were reported for the year 1977, in contrast with 5,711 black soldiers killed in the entire nine years of the Vietnam War! By the end of 1979, more US returned combat-experienced Vietnam veterans, including all races, had committed suicide than the total 58,000 Americans killed in the entire Vietnam war.[12]

HEIGHTENED CONCERNS

Perhaps there is the rational fear in each Vietnam veteran of becoming a psychiatric patient and being held in a psychiatric institution as a "political prisoner," not unlike the treatment of dissidents in the Soviet Union. Many veterans feel that, because of their witnessing of, or participation in, various events, they are in jeopardy of reprisals or should be "contained or silenced." What about "Project 100,000"? Was this a disguised plan of black genocide? Is there a relationship between the degree of mistrust about Agent Orange research and the Tuskegee, Alabama, atrocity against blacks? The VA and US Public Health Service, in 1932, infected a group of 662 black veterans with syphilis but deliberately denied treatment to 400. This continued for 40 years until a newspaper "leak" disclosed what was the longest nontherapeutic experiment on human beings in medical history.[40,41] Of course, the 622 men had sexual partners who also were infected. This resulted in syphilitic children who had congenital psychological and physical defects as well as devastating morbidity in adult sexual partners. We are talking

about many casualties from this atrocity. Yet the United States criticized the Germans and Japanese who engaged in illegal and immoral human experimentation. White veterans have had their eyes opened, as they may have themselves been victims of atrocities, lied to by high-ranking officials, discriminated against both socially and economically on their return. They have had a taste of institutionalized deceit.

PSYCHOTHERAPY ISSUES IN BLACK VETERANS

Religion was the paramount mental health stabilizing force for blacks during slavery and until recent times.[23,42-44] The "Sermon on the Mount" mentality held out the promise of justice and equality in the next world. This Christian doctrine served as a means of control of the population, particularly in underdeveloped countries and in black slaves who were taught to passively accept exploitation. A black "believer," despite severe privation and denignation, could come to church and, collectively in the group of fellow sufferers, sing, pray, weep, and shout in the context of a group abreactive experience, which would allow him to suffer yet another week of hardship. Black ministers were the original psychotherapists, and today the church continues to be the most powerful and influential social system in the black community. Predominantly black schools and colleges are second.

As the American culture has moved into the "Now Generation," organized religion has felt the backlash of the unserved needy and disenfranchized. Religion for blacks received a renewed value with the church's leadership role in voter registration, the Montgomery, Alabama bus boycott and other civil rights activities. With ambivalently held religious considerations and beliefs, one would expect a concomitant increase in the suicide rates in blacks, analagous to an increase in the suicide rate in Catholics who found themselves ambivalently hanging on to church dogma, particularly in regard to issues of birth control, abortion, and freedom of sexual expression.

In black veterans suicide may be viewed as an intended departure from distress (survivor guilt, disillusionment with the conditions for blacks in the United States) that ends pursuit, punish-

ment, capture, prosecution, and social ostracism.[45] Religion for many blacks represents an empty construct as one experiences "man's inhumanity to man." A fear of death is a fear of the infringement on the "right to life, liberty, and pursuit of happiness"—but what if one has already been disenfranchized of these rights? Many blacks dread a life based on so many negatives, as to live would indeed be a "life sentence" of pain and suffering. Yet, we contrast this with the long-held beliefs that "one has to be crazy in order to seek help of a mental health professional," and "only crazy people think about killing themselves."

Violence has already been alluded to, especially black-on-black homicide, which accounts for the leading cause of death in black men between the ages of 15 and 44 years and which is directly linked to racism and oppression.[6,17,21] In the case of violence, where the veteran is opposing superior odds from other blacks or police, is there a "death wish" operating? Is being sent to prison as the result of commiting a violent crime a type of "social suicide"? Or with the reestablishment of the death penalty, can one seduce society to "murder" him and thus end survivor guilt?

Some blacks hoped to exchange skin color for the military uniform, and the derision of "nigger" for "hero"; however, they found that instead of an exchange there were add-ons: "nigger, baby killer, murderer," and, if he gets involved with mental health professionals, "crazy." A Purple Heart is overridden by a broken heart. The disappointment may be more than the black veteran can cope with, and may be themes in his behavior or verbalizations, provided a relationship can be established.[19,22,36-38] He will certainly, in his own way, "check out" the intended therapist, black or white, regarding the therapist's background and prevailing attitudes as well as an ongoing surveillance of the therapist's ability to "be there" for him as he repeatedly attempts to unburden himself.[18]

Imagine the psychological conflict of the black soldier fighting in Vietnam, putting his life on the line (1) so that the South Vietnamese could regain their "freedom," or (2) to hold communism in check, or (3) to win the hearts and minds of the South Vietnamese people—all done within an ambience of racism within his unit.

Many black veterans who returned from Vietnam were accused by fellow blacks as having

evaded the "real war" or "real struggle" in the United States against injustice, racial prejudice, bigotry and other oppressions, not unlike white war resisters and draft evaders who fled to Canada or other countries to escape induction in the US Armed Forces and who, parenthetically, "did not pay any dues."[19,39]

THE HOMECOMING PROBLEM

The homecoming is yet another disappointment (fooled by "the system" again) to blacks; however, the absence of a homecoming is primarily a "white problem," and is a reflection of national guilt, felt predominantly by whites. For blacks who have lost historical perspective, it may also represent a problem.

The Revolutionary War was primarily a white man's war. Freedom of American whites from British rule was the issue. Slaves initially were not involved; however, it was only after England offered freedom to black slaves who would desert their masters and fight for England that the Continental Army officially used blacks.[46] Once slaves were acceptable to the Continental Army, many ran away from their masters to enlist. Most slave soldiers received their freedom with their flintlocks. Upon enlistment, they were given certificates of manumission. A master who delivered an able-bodied slave to a warrant officer would receive a land bounty of 500 acres. The slave had no right to refuse his having been "volunteered." These "ex-slaves" had a homecoming characterized by still being black, with no appreciable change in privileges and opportunities. There were inner feelings of anger and sadness, as there were few opportunities to enjoy the new status of being "free," and they were "different" from their many loved ones. The Constitution, as practically interpreted by whites in power, guaranteed the returned black soldier, now free, nothing. When the Constitution was drawn up, there was no direct mention of the "black man." Instead, blacks were mentioned as the "unfree man" or 3/5 of a white man in the federal census.

The black soldier's homecoming after the Civil War could also not be joyous with so many of his ex-slave brethren unprepared for independent existence and with rampant institutionalized racism that guaranteed preservation of exploitation in yet another guise. Slaves had been socialized to

be "dependent" and not to fit into the mainstream of the American culture.[47]

Although the Second World War black veterans were enlightened by some exposure to other cultures, their homecoming was characterized by their having to fight for equal opportunities in every facet of American life,[48,49] tickertape parades notwithstanding.[23] A few examples of racism in the second world war military life include:

1. Segregated USOs (United Service Organizations)

2. Blood plasma from black donors was kept segregated from white donors. Black blood plasma was not transfused into white soldiers. Note, however, that a black physician, Dr. Charles Drew, was the pioneer in the development of blood plasma.

3. There was racism in prostitution, both home and abroad.

4. Black officers, early in the 1940s, were barred from bachelor officer quarters, were not saluted by white enlisted men, and were barred from officers clubs.

The military was still segregated, and remained so even after president Truman's Executive Order 9931, in 1948, which stated: "There shall be equality of opportunity and treatment for all persons in the Armed Services without regard to race, creed, or color." The struggle continued into Vietnam.

Summarizing the "homecoming" consideration, a white soldier (who previously had been comfortably socialized as a part of the major culture, which previously consensually validated his superior worth) now, on the occasion of his "homecoming," had to come to grips with hollow institutions; being a part of a minority culture or group, and so treated; feeling alienated and being subjected to denigrative epitaphs (albeit not racial) such as "baby killers," "rapists," and "violent."[50] Worst of all, he was now dependent on "the system" for his livelihood. Many white Vietnam veterans have gotten their first taste of living below the poverty line and have become dependent on the US welfare system. Being free, white, and 21 had a new meaning.[19]

There also was much anger and hatred by Vietnam Veterans who witnessed those who did not go to Vietnam, who had gone on with their lives, and who were still within the "mainstream of society" (with or without restrictions due to color). The

veteran was constantly uneasy, bitter, felt he did not belong, and got little pleasure out of events that heretofore had been gratifying. Patrick Henry's "Give me liberty or give me death" may have been very confusing to a black man who was conscripted in the Revolutionary War or in other conflicts involving US forces where the issue was "freedom." Freedom for whom? Who or what is the real enemy?

CONCLUSIONS

One core problem for black Vietnam veterans who were actively or passively involved in excessive destruction of property and food, killing of women, children, and the elderly, the raping of women and mutilization atrocities, to name but a few, is "identification with the aggressor"[3,51,52] against people of color, who, in many cases, were innocent noncombatants or questionable combatants. This represented a violation of an internal code of ethics in blacks, programmed by religious teachings and years of oral history from parents and relatives, who, 60 years or so ago, were both survivors and victims of the same kind of violence. Many of our forebears were much like the Vietnamese villagers and farmers who were attempting just to survive under very difficult conditions.

The preconscious admiration for the Vietcong soldier's courage, skill, and commitment to resist US soldiers who were better trained and equipped[33] causes guilt, which, in the mechanism of reaction formation, is seen as a basic hatred or distrust of "gooks." There seems to be little respect for South Vietnamese soldiers, who were felt to be "wimps." On a conscious level, there is fear, hatred, and resentment of the Vietcong. These feelings were ambivalently embraced and accepted into consciousness during precombat training and indoctrination.[38] Regardless, the unconscious admiration for the Vietcong's ability and commitment to overcome staggering odds and oppression (even over generations, as is the case of a protracted war) is a bleak reminder of the passive acceptance of the American blacks over the years—particularly the failure of blacks to become and remain organized and committed against oppression.

The black Vietnam veteran, on return to the United States and on viewing the antiwar sentiment of the dissidents, deteriorated racial condi-

tions, and a charge by some blacks of having fought the "wrong war," has an extra burden to work through that his white counterparts do not have. These include individual errors of omission and commission while in Vietnam and collective errors of omission and commission as a race, pre- and post-Vietnam, as he now has been sensitized to a new concept of counterinsurgency and protracted war with exemplary commitment.

These issues can arouse powerful feelings in a therapist, regardless of race, who attempts to treat combat-experienced black Vietnam veterans.[22] The responsibility for monitoring and working through powerful countertransference is the therapist's, whether the feeling is anger, disgust, fear, or collective guilt. The goal is to assist the black veteran to become a reasonably happy, contributing citizen, who lives in an imperfect world.

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